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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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OMB APPROVAL
OMB Number: 3235-0076
Expires: March 31, 2009
Estimated average burden
hours per response......16.00

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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DATE RECEIVED

Name of Offering (check if	this is an amendment and name has changed, and indicate c	hange.)	
Interests in Western Asset Op	portunistic Local Market Debt Securities Portfolio, L.L.	C.	
Filing Under (Check box(es) th	at apply): 🔲 Rule 504 🔲 Rule 505 🗵 Rule 506 🔲 Sec	tion 4(6) ULOE	
Type of Filing: New Filing			
	A. BASIC IDENTIFICA	TION DATA	
1. Enter the information reques	sted about the issuer		
Name of Issuer (check if thi	s is an amendment and name has changed, and indicate cha	nge.)	
Western Asset Opportunistic	Local Market Debt Securities Portfolio, L.L.C.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (in	
c/o Western Asset Manageme	ent Company	(626) 844-9400	1 (40)() PE 10 10)() 1 1:40 ()(); PMS 10:00 ()() 1 MS 10:1
385 E. Colorado Boulevard, F	Pasadena, CA 91101		(
Address of Principal Business (Operations (Number and Street, City, State, Zip Code)	Telephone Number (in	
(if different from Executive Of	fices)		09035932
Brief Description of Business			03000302
Private Investment Fund.			·
Type of Business Organization			
corporation	☐limited partnership, already formed		
_ ·	other (pl	ease specify): limited liability comp	any
business trust	☐limited partnership, to be formed		
	Month Year		
Actual or Estimated Date of Inc	corporation or Organization: 0 5 0 6	☑ Actual ☐ Estimated	
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service abbrev	iation for State:	•
·	CN for Canada; FN for other forei		
CONCRAL INCTINUCTIONS			

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA								
 2. Enter the information requested for the following: X Each promoter of the issuer, if the issuer has been organized within the past five years; X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. 								
Check Box(es) that App	oly: Promoter	Beneficial Owner	☐ Executive Officer	☐ Director				
Full Name (Last name								
Western Asset Manag Business or Residence		nd Street, City, State, Zip	Code)					
385 East Colorado Bly								
Check Box(es) that App		☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name	first, if individual)							
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)	_				
Check Box(es) that App	oly: Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name	first, if individual)							
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)		···			
Check Box(es) that App	oly: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name								
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)	<u>. </u>				
Check Box(es) that App	oly: Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name								
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)					
Check Box(es) that App	oly: Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name	first, if individual)	.						
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that App	oly: Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner			
Full Name (Last name t	first, if individual)	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)		-			
Check Box(es) that App	oly: Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name t	first, if individual)							
Business or Residence Address (Number and Street, City, State, Zip Code)								
Check Box(es) that App	oly: Promoter	☐ Beneticial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name)	first, if individual)							
Business or Residence	Address (Number a	nd Street, City, State, Zip	Code)					
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					P INFO		ON ABOU	 T	OINC:					
1. Has th	e issuer sol	d, or does t	he issuer in	tend to sell,									Yes	No ⊠
				F	Answer also	in Append	lix, Column	2, if filing	under ULO	E.				
. What is t	What is the minimum investment that will be accepted from any individual?							\$ N/A						
3. Does t	he offering	permit join	t ownership	o of a single	unit?								Yes ⊠	No
remun persor	eration for a	solicitation f a broker o	of purchase r dealer reg	ers in conne istered with	ection with s the SEC a	sales of second/or with a	urities in th a state or sta	e offering. ates, list the	If a person name of th	to be listed e broker or	nission or sin is an associ dealer. If n broker or d	iated nore than	1	
Full Name (L	ast name fi	rst, if indivi	idual)											
N/A Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Asso	ociated Bro	ker or Deal	er											
States in Whi	ch Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check	"All States"	or check is	ndividual S	tates)	***************************************						All States			
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [iA] [NV] {SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] {LA] {NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full Name (L				[1/1]	Į O I J	[**]	<u> </u>	[WA]	(** *)	[***)	19.41	[TK]		
Business or R	tesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)							••	
Name of Asse	ociated Bro	ker or Deal	er							 -				
States in Whi	ch Person l	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers							<u>-</u>	
(Check "All S							.,,,,				All States			
[AL] [IL] [MT] [RI] Full Name (L	[AK] [IN] [NE] [SC] ast name fi	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Business or R				trant City	State 7 in C	(ماین								
				neet, City,	State, Zip C	.oue)								
Name of Asse	ociated Bro	ker or Deal	er											
States in Whi	ch Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers		·						
(Check "All S	States" or cl	neck individ	lual States)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************		174134134434144134	,,,,,,	·····		All States			
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		

[TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	 s
	Equity	\$	S
	☐ Common ☐ Preferred		.l
	Convertible Securities (including warrants)	\$	s
	Partnership Interests	<u> </u>	S
	Other (Specify) Interests	\$ 451,521,394.82	\$ 451,521,394.82
	Total	\$ 451,521,394.82	\$ 451,521,394.82
	Answer also in Appendix, Column 3, if filing under ULOE.		1
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	49	\$ 451,521,394.82
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		S
	Regulation A		S
	Rule 504		\$
	Total		S
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		S
	Legal Fees		\$ 15,000
	Accounting Fees		s
	Engineering Fees		S
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		S
	Total	Ø	\$ 15,000

	C. OFFERING PRICE	CE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS			
4.	b. Enter the difference between the aggregate offe expenses furnished in response to Part C - Questic issuer."	al e	\$ 451,506,394.82			
5.	the purposes shown. If the amount for any purpos	roceeds to the issuer used or proposed to be used for each of e is not known, furnish an estimate and check the box to the d must equal the adjusted gross proceeds to the issuer set	of ne			
			Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees		s	□ s		
	Purchase of real estate		s	□ s		
	Purchase, rental or leasing and installation of mac-	hinery and equipment	s	□s		
	Construction or leasing of plant buildings and faci	lities	S	□ \$		
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger)		s	□ \$		
	Repayment of indebtedness	S	□ \$			
	Working capital	s	□s			
	Other (specify): Investments in securities and ex	penses necessary, convenient, or incidental thereto.	□ \$	⊠ \$ 451,506,394.82		
	Column Totals		s	⊠ \$451,506,394.82		
	Total Payments Listed (column totals added)	🔯 \$ 45	⊠ \$ 451,506,394.82			
_		D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·			
n u	issuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Securaccredited investor pursuant to paragraph (b)(2) of	e undersigned duly authorized person. If this notice is file ities and Exchange Commission, upon written request of it Rule 502.	d under Rule 505, the follows staff, the information furn	ving signature constitutes ished by the issuer to any		
lss	uer (Print or Type) estern Asset Opportunistic Local Market Debt curities Portfolio, L.L.C.	Date March 9 , 2009				
	Name of Signer (Print or Type) James G. Hayes Tyle of Signer (Print of Type) Head of International Portfolio Operations, Western Asset Management Company					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

